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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Co		•		
21245 FUI	TURE INVESTMENTS LLC			
SUBJECT:				
	, Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JORGE SAYEGH			
		Name of Person		
	21245 FUTURE INVESTI	MENTS LLC		
		Firm/Company		
	279 E. 49 ST		:	
	Address			
	HIALEAH FL 33013		2022 S	
	INFO@ATAXSOLUTIONS	City/State and Zip Code SCORP.COM	2022 SEP 1 6. PM	
	E-mail address: (to be used for future annual report notification	<u>on)</u> : ' : '	
For further information of	concerning this matter, please ca	all:	<u></u> !∑ €	
LUIS BRUNI		786 2102806	5 5	
		at ()		
Name o	of Person	Area Code Daytime Tele	ephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status			
Mailing Addre	zc.	Street Address:		
Registration		Registration Section		
Division of C	•	Division of Corpora		
P.O. Box 632	27	The Centre of Talla	hassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21245 FUTURE INVESTMENTS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned 1.21000219697 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
P	LUIS BRUNI	279 E 49TH ST	
			■Add
		HIALEAH, FL 33013	
			□Remove
		279 E. 49 ST	
			□Change
MGR	BAJANCHI SAYEGH, JORGE	HIALEAH, FL 33013	
			□ Add
		<u></u>	■Remove
			□Change
			SEP
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AS PRESIDENT AN O	ONLY OWNER OF THE LIMITE	D LIABILITY COMPAN	Y	
				
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tive date, if other tha	n the date of filing:	0.001	(optional)	
If the date inserted in	ite must be specific and cannot be prior this block does not meet the applic	able statutory filing requi	irements, this date w	rursuant to 605.0 rill not be listed
ment's effective date on	the Department of State's records			
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ora specifies a detayed e filed.	ffective date, but not an effective to	ime, at 12:01 a.m. on the	earner or. (b) The	90th day after
09/09	2022			
d		<u> </u>		
	Signature of a member or auth			
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